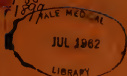


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SHATTUCK LECTURE.

1899.









THE SHATTUCK LECTURE.

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NOT THE DISEASE ONLY, BUT  
ALSO THE MAN.

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By JAMES J. PUTNAM, M.D.  
OF BOSTON.

Delivered at the Annual Meeting of the Massachusetts Medical Society,  
June 13, 1899.



## NOT THE DISEASE ONLY, BUT ALSO THE MAN.

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MR. PRESIDENT AND FELLOWS

OF THE MASSACHUSETTS MEDICAL SOCIETY :

I take as the text for my address the familiar sentiment that often falls so solemnly from the lips of older members of the profession in addresses to students who are about to graduate from the schools of science into the school of life: "Remember, when you go to see your patients, that it is after all the man, not the disease, that you are called upon to treat."

Impressive as this phrase sounds, I have often wondered just what the various speakers had in mind. This patient might be poor in purse, that one predisposed to certain ailments; the social or domestic surroundings of a third might make his case a peculiar one, and so on. But such external circumstances, important as they might be, would not exhaust the significance of the admonition. We cannot really know the man whom we are called upon to treat without going far beyond his outward relations and penetrating in imagination deep into his mental life. "The man" is, above all else, the mind of the man, and not only the mind as an organ of conscious thought but the mind as an organ of bodily nutrition, and the mind as a vast theatre for the interplay of contending forces that do not always recognize the personal consciousness as their ruler. This is the man that the doctor should learn to know

and treat. The need is not met by kindness and humanity alone; the task is one for science also. Yet medical schools do not prepare their students at all adequately for this duty, or include a knowledge of psychology among their requirements for matriculation. The genius of the truly great physician may bring him to the goal, it is true, without a master's guidance. But if we are not content with the intuitions of the few; if we wish to see principles laid down that shall reflect the highest possibilities of medicine, the training of the doctor must begin during college life. I should rate a thorough preliminary course in psychology and philosophy far above a knowledge of botany or zoology, and as following close on chemistry and physics, as a preparation for the work of a general practitioner.

It is not the least of the benefits that will come to us from the insistence on a college degree as a condition for entrance to the Harvard Medical School, that a better chance will have been afforded for remedying this lack in the students' fitting. We want to see, in the men whom our university sends forth proud of her warrant of tasks faithfully performed, not only sporadic signs of a capacity to recognize and control, each after his own fashion, the gigantic and ever active forces of the mind, but abundant evidence that this problem has been, in all its many aspects, an object of their studious thought. The physicians who have previously been good students of psychology have, in my experience, proved themselves to be men of unusually broad sympathies and high ideals, and keen to see causes of disease to which the pure pathologist is often blind. For what a man sees or fails to see depends, as we all know, on how the vast storehouse\* of his mind has previously been stocked. The in-

\* I do not think it really accurate to speak of the brain as a "storehouse," as is so often done, though the term is familiar and expressive. In fact, the brain is no more a storehouse of the events that have transpired in and through it than the brass disk is a storehouse on which the sand will shortly arrange itself, at the touch of the bow, in the wonderful Lissajou's lines, or than the sounding board of a piano is a storehouse. When the



habitants of that hidden world, like groups of men in society, welcome the new-comer whose manner and dress are familiar, and let the others pass unnoticed.

No argument is needed to show what transforming power the mind may exert. The energy set free by the magic agencies of hope, courage, desperation, fanaticism, or by the enthusiasm for a great cause, may reveal the possession of a force undreamed of, or so husband the resources of the body as to keep the flame of life burning for a time when the oil seems exhausted. These great influences have been the doctor's best ally since time began; the harp of David singing to Saul is heard again in the music which is used to tie with new bonds to life the inmates of our State hospital for the insane at Danvers. The great leaders of the scientific centuries to which we belong have indeed turned a cold shoulder on the time-honored methods of cure by faith and fear which had worked miracles for ages past. Their work lay in establishing the reign of exact methods of inquiry, and they would tolerate no systems that rested on a less firm basis. But the movement which the labors of these men of science inaugurated is now secure beyond all hazard, and the time has come to recognize that there are others that may justly lay claim to our attention.

brain is inactive (if one could imagine such a state) it is incapable of telling any story as to its history. But each new stimulus revives each old activity, of identical, or similar, or congruous, or contrasting sort, and so on. The reviving flash of consciousness which occupies each new moment, like the thrill which at the same moment sets the brain into vibration, is a single complex impulse, an instantaneous photograph, and although it takes the form of memory, it belongs in fact wholly to the present.

Neither does it seem to me exact, at least from the point of view of the cerebral physiologist, to speak of "inheiting ancestral experiences." What we inherit is a brain so plastic in certain directions and so little inhibited on those lines that it organizes its experiences of certain sorts with great rapidity.

The power which imposes as "intuition," and which seems endowed with faculties that seem to transcend and antedate experience, may, I think, be, after all, experience—taught, though the teaching is marvellously rapid and effective. Any one of us, if he could have appreciated and appropriated, and made his own all the opportunities that have been afforded him for education of the brain in any special line would be a genius in that direction.

We may accept the limitations which the scientific method imposes, even to the point of sacrificing intuition for the sake of a more conscious insight. But we should not admit any arbitrary limitation of the field of inquiry, nor rest content until scientific research has taken all the divinations of instinct into account. The splendid wave of pathological and bacteriological research that has raised the art and science of medicine to its present position of authority has set physicians trying to solve their problems in terms of pathology alone; but it is a matter for congratulation that this wave is being reinforced by another which is sweeping us toward a better knowledge of the secrets of the mental life in health and disease. Perhaps we may even learn thereby to interpret the teaching of pathology itself in a wider sense.

The physician is an educator; the successes of the school-master are his successes; the fact that even after such long years of scrutiny and experience the pedagogue still finds new methods of impressing his pupils, and new principles to guide him, gives warrant for the hope that the same may prove true for the physician, provided only that he brings the same amount of patient labor to the solution of his special problems. I doubt if most general practitioners are aware how far, in fact, this hope is already realized. We all hear of the triumphs of surgery, and every doctor feels a personal pride in spreading the news of them abroad. But there are not so many who know that there are men, as yet few in number but of equal genius, who with equal devotion and study have been searching for means to change, little by little, the trend of the forces that work within the mind, and are thus silently laying the foundations of a new departure in therapeutics. This is education of a high order,\*

\* I will refer, simply by way of illustration, to the recent searching analysis of actual cases by the now well-known Pierre Janet. [*Névroses et Idées fixes*, Paris, 1898.]

The following paragraph [p. 406], which concludes one of the chapters,

and such studies as these must yield conclusions that the well-trained doctor will find use for in his daily practice.

In the sort of training that is undertaken for the sake of breaking up morbid habits of the nervous system, or of establishing favorable habits under difficult circumstances, the need of inducing reactions that shall have an effective outcome is even more evident than where only the teaching of the school-room is at stake. Definite accomplishment, and motion at any rate, are often the prime conditions of mental health. If water does not flow it stagnates, and the more so in proportion to its lack of purity. To this outcome of effectiveness, the effectiveness which implies continuous growth through utilization of evil and of good, the influence of the doctor, above all other educators, is instinctively pledged. No wonder that his efforts are often crowned by disappointment and failure; these are but the disappointments and failures of the school-room intensified.

Fortunately, no one here is likely to interpret too narrowly the meaning of effectiveness. There is absolutely no criterion of accomplishment except that which should say whether or not a man had done his best. To refrain from acting is often the fullest act. Washington coolly facing his enemy and his own limitations, and waiting for the chances that rarely came, presents no figure of greater energy or heroism than is presented by the resigned, the cheerful, the ever-ready neurasthenic patient who is doing his best. "They also serve who only stand and wait."

The doctor is most obviously an educator in dealing with the training of children, when the task that he sets for

may give some conception of the author's aim and spirit: "Objective psychology [*i.e., by clinical observation*] does not aim at supplanting subjective psychology, which will remain indispensable for the study of the laws of thought. Neither does it aspire to set up any system of metaphysics or religion, or to overthrow any earnest belief. Its task is to gather together the facts which are essential for a real insight into the working of men's minds, and to discover the art of securing the freest play for healthy mental life and the best alleviation for mental disease."

himself is practically identical with that necessarily set for the school-master and the parent. I refer to this class of cases for the sake of calling attention to the remarkable results now attained at the various institutions for defective children in this country and in Europe, among which our Massachusetts School for the Feeble Minded, under the able leadership of its present superintendent, might compete for the highest rank. So fine are the chances thus presented that the definition of feeble-mindedness is now being widened to secure the benefits of this training for children not heretofore recognized as defective. Even when regarded simply as schools for the training of teachers and the development of methods of teaching, such institutions as this are bound to hold an exceptional place, because in order that any success at all should be gained, the slightest action and reaction of each pupil's mind have to be recognized, while the educational principles that are followed must be of the best sort, and must be administered with personal devotion and close attention to details.

Even where the child is not strictly defective, but simply a hard case for the parent and the school-master, the methods of influence to which clinical research has given birth are likely to find an important if not a wide field of usefulness. The subject is too large a one to speak of in detail, but there are cases, as the teacher should realize, where the birch and the fool's cap are less useful than the training by the aid of influences such as I shall presently refer to, to be administered under the skilled supervision of the doctor alone. Certain disorders of the physiological reflexes, such as enuresis, are eminent examples of an analogous though a more obviously medical sort. There are cases of this kind where even hypnotic suggestion, of a mild degree and such as any physician can soon learn to use with safety and sufficient skill, is the best cure. In fact, the only rational treatment of enuresis and constipation consists in a re-training of the

physiological reflex, and the re-establishment of the all-powerful habit and expectation on which they rest. Mechanical and medical means may be used to further this design, but the routine employment of drugs without this end in view does but rivet afresh the assumption and habit of failure. That part of our conscious life to which, after the early years of childhood, the control of such functions as these is delegated should be taught again to work in harmony with our general needs.

But the doctor is seen also in his function of educator when dealing with clinical cases of a commoner sort. Sometimes a process of training must begin afresh because the old machinery of the nervous system has become defective through disease. No year now passes without its records of new successes in this line.

Thus, in spite of all the study that has been given to the treatment of locomotor ataxia, it is only recently that we have learned [under the leadership of Frenkel] that patients with this disease, even when bed-ridden from incoördination, can be taught by systematic gymnastics to use their muscles anew, and can thus regain to a considerable degree the lost control over their limbs. A therapeutic discovery like this is a sign of promise, and an inspiration to new research in other lines. The ataxia of the muscle typifies also the ataxia of the mind and of the other functions of the nervous system. We pay dearly for the possession of the intricate machinery which gives us our vivid imagination, our retentive memory, and that power by which we are able to grasp at each moment all the threads of our past experience and weave them into a new fabric for the service of the present. Mischief begins when the demands of this service cannot be properly met, and the different parts of the vast machine run too fast or too slow; the delicate adjustments fail to respond or work too fine. Then the heart palpitates which should simply strengthen its beat to meet

a need for more blood. Then a bronchitis provokes an asthma, and this recurs and becomes a habit. Or a painful impression that should have disappeared with its cause, swept down the swiftly flowing stream of consciousness, is caught by a backwater, or rolled to and fro in an eddy from which it cannot escape. Or, again, the instinct of imitation, imitation of others or of ourselves, makes us copy and perpetuate a bad trick of muscle or of thought. And so arise the *Diseases of Morbid Association and Habit*,\* the caricatures of the arrangements and coördinations of health. Here is a singer† who in the first days of his career found himself with beating heart‡ and shaking voice in consequence of a stage fright. He is now a veteran, and no longer stirred by fear of failure, yet his old fright remains indelibly stamped upon his trembling muscles, which do their best, in their turn, to drag back the old emotion. There is at first a divorce between the bodily manifestation and the mental state, and then a new union on abnormal lines.

"I am not frightened, but my body is," said an intelligent friend. "It is my body trembles at the sight of the dangers into which my triumphant soul will carry it," said a hero of an earlier day.

Or, again, to take an example of a habit disease of another sort, here is a patient who has had an inflamed knee. It is long since the local disorder passed away, yet the pains which used to attend it recur at every trifling

\* At the last annual meeting of this Society various types of habit neuro-psychosis were described by Dr. Edward Wyllis Taylor.—*Boston Med. and Surg. Journal*, July 21, 1898.

† This illustration is given by Dr. Morton Prince, and I take occasion, in citing it, to call attention to the excellent work which he has done in this direction. See various papers published in the *Boston Med. and Surg. Journal*, 1898; also *Association Neuroses*, *N. Y. Journal of Nervous and Mental Diseases*, 1891.

‡ The presence of these cardiac and circulatory phenomena, as a part of the habit neuroses, is a complication of a peculiarly distressing and important sort ("Angst-neurosis"). [See "Heart Fear," by W. T. English; *Med. News*, April 29, 1899; also *L'Education de la Volonté*; Payot.]

movement which even remotely resembles those that used to drag upon the injured part. The demoralization following illness, or misfortune, or accidents, is a rich source of such disorders. A patient has haunted our hospital-clinic for a long time who thirty years or more ago received a blow upon the head which set up a spectral pain that has been his constant companion ever since, though even now he looks in blooming health. Any innate weakness which prevents the brain from carrying on its normal function of prompt, efficient reaction may allow morbid tendencies of these sorts to establish themselves, as weeds grow in a soil too poor to support a better product.

It is not correct to say that these pains are "imaginary." Regarded psychologically, they are just like all other pains. On the field of battle even the ordinary physical causes of pain may fail to cause it, for the impression is followed by no reverberation within the soldier's conscious attention. In the conscious attention of the over-sensitive patient, on the other hand, this reverberation is excessive, and thus the merest hint of physical cause, a whisper of apprehension, the influence of cyclic recurrence like that which reproduces sleep, or even the influence of memory, may make the pain come back.\*

Fortunately, the knowledge that so many of our ills have this mental origin stimulates to the search for new means of cure, for new means of securing some strong outward trend for the active forces of the brain and thus inducing a little of the healthy anæsthesia of the battle-field.

The patient finds it hard to credit the fact that his suffer-

\* Dr. Morton Prince has suggested that the excessive tendency to the mental representation of pain shown by certain persons justifies the designation of them as "algæsics," just as other persons to whom visual images readily occur are called "visuals," and so on.

Dr. Mary Putnam Jacobi thinks it possible that the increased sensitiveness of the "pain-memory" may be a part of the general increased attention to the history of the past, though a morbid example of this tendency. *New York Medical Journal*, April, 1898.

ings are due to mental representation alone, and no wonder. For by what criterion can he, unskilled and anxious, be expected to decide, when the physician, with all his means of diagnosis, is so often in doubt? Frequently, of course, the symptoms are only partly due to habit, and partly also to some local cause. Every good physician is aware of this, but it is not so well known that the removal of other physical disorders perhaps not originally connected with the symptoms at all, but now a real complication, may induce a partial or temporary alleviation, which will supply the very impulse that was needed to give new hope to the mind and a new "set" to the functions of the nervous system. Thus it is that the treatment of trivial diseases of the eyes or joints can sometimes work such wonders; and thus, too, the new doctor so often eclipses the old. On the other hand, the keen physician will not let himself be trapped into the error of concluding that he has found the cause of the disease because he has found the cure. This is a piece of false reasoning that has worked much mischief and has often brought an unmerited credit to immature theories of disease.

The subject of the *social etiology* of "habit" disease has many interesting and important aspects. Prof. William James\* has recently suggested that many of the racial peculiarities, such as the high-pitched, anxious voices, the hurried manner, the "over-modelled" faces that do not easily relax, the tense and exhausting eagerness, which visitors see so often among the people of old New England, are due not so much to excess of sunlight and dry air, as to tradition and imitation. A comparative study of the varied races of which the population of New England is now composed, made from this point of view and as a basis for more rational treatment, would be heartily welcome. This or that American or Irishman or Jew cannot be treated to the best advantage so long as he is regarded

\* Talks to Teachers, 1899.



solely as an individual. His racial traditions and temperament should be taken instinctively into account, just as the pianist (to borrow a simile used by Kries) on starting to play a piece of music, glances once for all at the signature which indicates the key in which the piece is written, and then, without need of specific reflection, goes on throughout playing the notes with their appropriate sharps and flats.

To learn to do this sort of thing; to speak and comprehend the mental language of all sorts and conditions of men, is one of the many important tasks which the physician will in time learn to perform.

The existence of these habit diseases is known to every doctor, but this very fact is liable to give one a false sense of confidence in his ability to recognize them. Common as we may think them, they are yet commoner than we think. The most striking forms are seen in hysteria, the chief characteristic of which is that the patient's consciousness is split up into more or less separate groups of forces, which strive with each other for the mastery. The patient is no longer a consistent unit, and is forced, against his will, to play, with the skill of genius, the rôle of disease. But hysteria is not the only soil on which these disorders grow, unless indeed we admit that the hysterical tendency is universal, and that hysterical disabilities and eccentricities are but acute forms and caricatures of the disabilities of normal or quasi-normal life. The term "hysteroid," which retains the notion that such affections are due largely to mental representation, is often an appropriate designation.

The "accident neuroses" form an especially important sub-group, the more so that one can trace, both in the influences which make certain classes of patients peculiarly susceptible to them, and in those which finally excite the outbreak and give it its special form, the play of forces that recall "hypnotic suggestion," and are seen at work on a

large scale in mob-madness or panic. The patients who suffer from the severer forms of these disorders are, strangely enough, of the mechanic and wage-earning class, who, although sturdy, and used to hardship of various sorts, are apt to be lacking in social and general experience, and are not trained in the sort of self control that Society expects from its members, while, at the same time, their lack of a fixed source of income makes a period of enforced idleness a matter of great moment to them. They are not, as a rule, predisposed by neurotic inheritance, and have usually been strong and healthy, but the traditions of the community in which they were born and bred inculcate the instinctive belief that accidents are terrible events and lead to mysterious and complex troubles. To the patient whose mind is thus stocked with traditions and instincts sympathetic to misfortune there come next the startling and disabling circumstances of the accident itself, which dethrone the self-control and profoundly disturb the emotions and through them the action of the circulation and the heart; and to this is added the special "suggestion" furnished by some local injury or special fear. It is then as if some one had whispered to the demoralized patient, "your arm will be paralyzed"; or, "you will be an invalid for years." These cases are extremely numerous and immense sums are paid on them in damages. The general practitioner can do the community great service by recognizing and spreading the view that serious as such illnesses often are it is largely mental causes that make them so. A stalwart position of hopefulness taken by the attending physician, at the outset, as a basis for a persistent and thorough treatment by encouragement, and explanation, and personal influence, before morbid habits of invalidism have become ingrained, may save many a patient from a demoralization that the money secured by the verdict cannot make good. How often, on the other hand, does the doctor say: "Madam,

you really ought to take care of yourself; you are far more severely injured than you think you are." There is usually a period, to be sure, at the very beginning of the case, when it could be said with truth that the patient is "more severely injured than he thinks he is," because the disturbance that is going on in the deep sea of his mental life has not yet reached the surface. But for him this is a blessed ignorance, and it is a misfortune when the time comes that it is exchanged for a delusion as to the real nature of his disease. It is not the hope of gain that is the prominent factor here, in spite of the raillery of the court room. Doubtless it plays its part, but the essential influence is the disorganization of the forces that rule within the mind, and that instead of acting in harmony, as they should, break into disorder, like soldiers in panic, and then instinctively seek to readjust themselves under any tolerable, if imperfect, organization and leadership. Happy it is for the patient if this reorganization is effected under the guidance of a doctor who has had the fortune to be graduated with high marks from some philosophical department as admirable as that of our good foster-mother across the river, and thus buoyed up has brought an undivided will to the study of medicine.

In the treatment of all these "habit" cases, a persistent and insistent *encouragement*, based on a physical examination of rigid thoroughness, and accompanied by an *explanation that has the force of encouragement*, and leaves no doubt as to the physician's conviction, will often clear out the weeds that block the flow of the river of consciousness and let the current sweep along, with the self-obliviousness of healthy activity, in its old channel.

It is a striking fact, as regards explanations, that they have much greater weight after the physician's authority has become established by the partial success of his treatment. The arguments offered beforehand may have been

just as convincing as those offered later; so delightfully logical, in fact, that the physician often buttons on his overcoat and leaves the patient's door with the self-satisfied conviction that the battle has been won for both parties. How great then is his surprise, amounting almost to indignation, when he discovers, at his next visit, that not even the outposts of the enemy have been won. Let the patient's confidence have been gained by a little success in treatment, however, and he may accept [sometimes too readily] any explanation, logical or illogical, that the doctor is inclined to offer. All mental healers know this well, and have known it, doubtless, since long before the day when the doubting and suspicious Naaman professed himself ready to accept the religious views of Elisha in return for the cure of his leprosy. The explanations of the doctor are in fact quite as much an appeal addressed to the faith as an argument addressed to the reason.

It will be remembered that Naaman, who was a captain of the host of the King of Syria, was afflicted, according to the diagnosis of the times, with leprosy, and that he was sent by his master to the King of Israel, at the instance of the captive Hebrew maid, to be cured by Elisha the prophet. "So Naaman came with his horses, and with his chariot, and stood at the door of the house of Elisha." Perhaps in his heart he expected failure, and expected it the more that he had pictured to himself just what steps the prophet would take to cure him. When, then, instead of coming down to meet him in person, Elisha left him standing with his retinue at the door, and sent word to him that he should go and wash in Jordan seven times and he would be clean, Naaman turned and went away in a rage, saying, "Are not Abana and Pharpar, rivers of Damascus, better than all the waters of Israel? May I not wash in them and be clean?" And it was only when his servants pointed out to him the folly of his childish passion, saying,

in effect, "If the treatment does you no good, it will do you no harm," that he consented to the prophet's conditions. Consent he did, however, and not only was he cured, but he promptly became a convert to the true faith, and one may suspect that he would have been willing to accept any proposition that Elisha had chosen to offer. This parable, as one may call it, is instructive in many respects, besides that of indicating the power which the physician acquires over his patient through his success in treatment. It illustrates strikingly with what complex feelings the patient goes—half trusting, half doubting—to see the doctor; and illustrates, too, how the doctor is sometimes put to his wits to see that he does not discount his authority with the patient by letting him dictate the details of the treatment.

I permit myself to say, however, that such an enforcement of conditions unmeaning in themselves, although it is an effective device and often a necessary one, represents a means of maintaining authority which every physician should try to eliminate, more and more, as the relations between himself and his patient become established on a more natural basis. We must cure our patients if we can, even if it is necessary to put on the manners of the Grand Pasha, or to hold ourselves as remote as the Mikado. But on the other hand something may be risked in the interests of directness and simplicity.

Where simple encouragement and explanation fail, it is often possible to induce the patient, by coaxing or training, to do something which even he must see that he could not have done if his own diagnosis had been correct. If, for example, he has lost temporarily the power to move a limb in a certain way, he can perhaps succeed, under assistance and supervision, in making a quick jerk which will include the lost movement among others; and then he can be taught to analyze the sensation and to differentiate his efforts. Even pain (in suitable cases) may gradually be

cast out if the patient is encouraged to note that "this time," or "that time" it was less severe, until he learns to have an alternative picture of himself as free from it, which at first he did not have. Fortunate it is if the patient can be led to take interest in the "habit" theory, and still more fortunate if he takes to himself the credit of the cure.

Where all these means fail the physician must make his influence strike deeper. He must himself recognize that habits persist partly because they represent the active intervention of a portion of our consciousness which lies outside the field of our personal attention; beyond the direct reach of our personal will. This hidden consciousness, that plays so active a part in causing our morbid acts, is no stranger, but on the contrary an old friend. The power that thrusts an obnoxious act or thought into the current of our lives is closely related to that power that notes the flight of time during the night, waking the nurse at the appointed hour, or to that which tosses up to us the memory of a forgotten engagement—sometimes alas too late—as a chip is tossed up by an eddy in the stream. In the technical language of the day this power is called "our subliminal consciousness," that which works "below the threshold" of our personal attention. I prefer myself to call it the "sub-personal (or extra-personal) consciousness," but it will be better if you will forget names and seek in your practical experience the warrant for the truth of what I say.

Every thinking person is aware that our minds work under many masters; we might designate them as our "silent partners." Under normal conditions we have reason to congratulate ourselves at the useful division of labor which this arrangement secures. But when the mental harmony is broken by disease, these masters of the mind jostle and trip each other in their efforts to restore the balance; and then we feel the sort of dismay, the sense of alteration of our-

selves, such as in old days was called possession by the devil. The acts that we do are only partly the acts of our personal will. Some of them seem inspired and even performed by a power which is more or less foreign, yet which we feel bound to obey. So Tennyson's sailor boy, who must and will run away to sea, says :

" My mother clings about my neck,  
My sisters crying, ' stay for shame ' ;  
My father raves of death and wreck,  
They are all to blame, they are all to blame.

God help me, save I take my part  
Of danger on the roaring sea;  
A devil rises in my heart  
Far worse than any death to me."

Or, as the writer of the charming Harvard ballad puts it :

" Within my earthly temple there's a crowd ;  
There's one of us that's humble, one that's proud ;  
There's one that's broken-hearted at his sins,  
And one that, unrepentant, sits and grins ;  
There's one that loves his neighbor as himself,  
And one that cares for naught but fame and pelf.  
From much corroding care should I be free  
If once I could determine which is me."\*

We have not the right, even where we have the wish, to deny our responsibility for the acts of these hidden forces of the mind, and it is a high function of education to enable us to understand and to control them ; to make the desirable " me " prevail.

And thus queerly constructed, and perhaps with the demon of distrust looking through his eyes and speaking a language which his words vainly strive to contradict, the patient comes to the doctor, carrying his burden of morbid habits, as Christian in Pilgrim's Progress carried the burden of his sins, seeking for explanation and relief. How shall he be met ?

The answer instinctively suggests itself, by some sort

\* E. S. Martin, *Sly Ballads in Harvard China*.

of treatment akin to "hypnotic suggestion." This name excites great prejudice in many minds, and I should be glad to have it forgotten until the principles on which such treatment rests shall have been indicated, and the fact made evident that the methods designated differ only in degree from other modes of influence such as every physician uses in his daily practice and every person of strong character in the contacts of daily life. The analogies that suggest themselves in these directions are, in fact, so striking that there is risk of going too far toward making out the hypnotic method to be an affair of everyday occurrence. One often hears the influence which society exerts over its members spoken of as "hypnotic," and it is quite as justifiable, and more to our purpose, to extend the conception so as to cover the case of a hypochondriacal patient whose judgment and reason have been captured by a morbid habit or a delusion of disease. There are times when we all become unusually impressionable to external influences or to the promptings of our own instincts; and it is clear that this is made possible by the withdrawal of the critical and questioning faculty that stands like a Cerberus at the door of the mind and is the enemy of all impressionability except of its own choosing. It is by no means to be assumed that the person thus altered is necessarily reduced to a lower plane. We make ourselves voluntarily more impressionable and less critical for the purpose of listening better to the whisper of our genius or our conscience, or to the whisper of one such voice chosen out of many:

"Though love repine and reason chafe  
There came a voice without reply,—  
'Tis man's perdition to be safe,  
When for the truth he ought to die.' "

Even the means by which the impressionability of health is voluntarily secured sometimes present a striking resemblance in detail to those which are used for the purposes of



hypnotic suggestion. Take, for instance, the case of a person who is striving to recall some name or fact. The whole substance of his effort consists in eliminating everything that stands in the way of complete passivity. He sits fixedly gazing at some object, yet taking no heed of what he sees; he hears the ticking of the clock with unusual intensity, but the sound does not reach beyond the ear, and serves only as a means to keep him from entertaining any stronger interest that might prevent his catching the first glimpse of the real object of his desire, if, by chance, impelled by the hidden forces to whose influence he submits himself, it should drift across the field of his mental vision.

I need not pursue these analogies further in order to convince you that a patient staggering under a tormenting and dominating habit has no reason to feel humiliated when he yields to an influence so familiar as that which I have indicated, in order to make himself impressionable to the words of encouragement from the physician in whom he has confidence, and who is striving by these means to reveal to him another and truer picture of himself than that with which in his delusion he has been so long familiar. And this applies also to the child, impressionable by nature both to evil and to good, and sometimes a victim to tricks of bodily and mental habit which can be removed only by deep reaching influences, if even then.

A sweeping condemnation is often brought against the use of hypnotic suggestion, based on the assumption that it involves the subjection of the will of the patient to that of the doctor. But this same sort of influence is exerted daily, in the schoolroom, in social intercourse, and most of all in the army; and the results are good or bad according to the obvious intention of the method, and to the intelligence or ignorance, the high-mindedness or low-mindedness of the person by whom it is brought to bear. The physi-

cian who domineers over his patient or makes him a slave to needless rules, can weaken his independence without hypnotic suggestion; while he who is bent on strengthening the patient's will can and must call special methods, analogous to those of hypnotic suggestion, to his aid. Nevertheless the final aim of the doctor, as Madame De Staël said of the legislator, should be to make himself unnecessary; and we may add, in company with the sturdy Sir James Paget, to make, if it is warrantable, even his rules unnecessary.

For the attainment of the ends that I have indicated, the patient must be taught to let his critical instinct and his will lie passive at first, while the new set of motive-impulses is being presented, but finally to use them for re-enforcing the new mental attitude which they could not have created alone. The part thus assigned to the will is not a wholly negative one, and the imputation that the patient grows strong solely through another's effort is only correct if the treatment stops short of the final stage. In fact, the whole treatment, from first to last, and at every stage, involves the patient's consent and coöperation. This passivity or "consent," whichever one may call it, of the critical instinct and the will may be induced in many ways. The teacher secures it when he exerts over his pupil the fascination of his personal influence, for the purpose of interesting him in his tasks; the physician secures it when he induces his patient to sit or lie quietly with muscles relaxed and senses engrossed, so that he shall listen without inclination to comment on what is said, or shall allow his own sense of encouragement and hopefulness to take deeper root. If, after such a treatment, the patient comes and says: "I heard what you said, but cannot now repeat it," and if, thereafter, his acts show the re-appearance of the newly-suggested impulse in the form of a spontaneous product of the patient's thought, the most desirable result will

have been attained. This kind of treatment may be called "hypnotic suggestion," if one will, but the prejudices that this word used to excite would never have arisen if such therapeutic measures as these had alone been in question.

It would, however, be disloyal not to recognize that even the experimental uses of hypnotic suggestion, objectionable as in some respects they are, have been of high value to medicine. It is to the studies made possible by hypnotic methods that we owe much of our present familiarity with that part of the mental life that lies beyond the direct reach of our personal attention, and if to this we add the service that treatment involving profound hypnotic influence has rendered in many cases of serious and otherwise incurable disorders we have abundant reason to be grateful for Braid's and Liébault's discoveries. Nevertheless, it has, fortunately, been found that the actual induction of the hypnotic sleep is far less often necessary, so far as therapeutic purposes are concerned, than was formerly believed. The results effected through it have given the hint that simpler methods might suffice, and so have inspired with new power the physician's confident assurance of improvement or recovery that gets the name of "waking suggestion." It is the patient's misfortune if this assurance does not reflect the most thorough diagnosis that science can command and the most hopeful prognosis that the conditions, *taken at their best*, can justify. Unfortunately, it sometimes happens that the very scientific training which justifies the physician's dignified position of authority in the community acts to prevent him from "taking at their best" the influences that make for a good prognosis. The capacity, one might almost say the genius, for improvement which the patient often shows is apt to be underrated, just because it is so mysterious and so undefinable. Both physician and patient need to realize more fully that the latter has the germs of a real power of control over his bodily and mental

states, provided his personality is conceived of in a sufficiently broad sense.

Whatever be the method by which the influence is secured, the treatment of these diseases of association and habit must follow one of two familiar courses. The first is that of eliminating from the mind the troublesome and recurrent impulse or habit; the second, that of introducing another impulse incompatible with the former and tending therefore to its exclusion. Both of these attempts are made in education of every sort, but it is safe to say that the latter is by far the more successful of the two, and is in fact the one which mainly does the work even when it is not ostensibly employed. It is better to build up than to pull down, to induce virtue than to eliminate vice, to supplant morbid thoughts by others that are better, or to utilize them as materials for growth rather than to conduct a campaign against them. The restoration of motion is the essential factor. The swiftly-flowing river will quickly absorb the muddy brooks that enter at its sides. That is, to say the least, the "Western" as distinguished from the "Oriental" mode of progress. It is true that great therapeutic advantages have seemed from time to time to have been gained by seeking out and casting out a painful or bitter experience which had been germinating, perhaps for years, in the mind, hidden from view except in its morbid manifestations, which took the form of hysterical outbreaks, moods of depression, disordered sleep, and other phenomena of like character. Several remarkable series of cases\* have been reported where such ideas have apparently been traced to their lair and then exterminated, and with them the complex organization of morbid ideas and emotions of which they formed the centre. I believe, however, that this explanation of the

\* See contributions by Dr. Russell Sturgis on the Use of Hypnotism to the First Degree, in the *New York Record*, Feb. 17, 1894; also *ibid* 1899.

The earlier publications by Janet, Breuer and Freud, and others should be noted in this connection, and also Loewenfeld's excellent criticism in his *Psychotherapie*.

therapeutic successes which have unquestionably been achieved in such cases is not necessarily the correct one. One may readily believe that if a patient could be brought to give his tacit consent to any theory of the cause of his troubles which the ingenuity of the physician might suggest, he would gain new hope and receive an effective impulse toward recovery even if the theory which was offered him was not the true one. The real point is, I believe, to secure a nucleus for a new set of associations which shall be exclusive of the old ones. The patient is to be taught to push ahead in the direction of health and activity as one pushes his way through a thick forest, regardless of the scratches and bruises to which he is exposed on the way, and it does not greatly matter whether the path of escape is or is not identical with that which was followed when the way was first lost, except in so far as that it is important to gain the patient's ready acceptance of the path actually proposed.

Unfortunately, even the much vaunted hypnotic suggestion often fails to work; or if the new suggestion seems at first successful the morbid habit may in the end settle heavily back again. Is "Philip drunk" or "Philip sober" really the stronger and more consistent character? This is a question which the doctor often has to ask himself and to which he can perhaps find the answer only by trial. Fortunately, in the memory of Philip sober there may be groups of half-forgotten experiences\* dating back perhaps to the days of his youth, and capable of forming, by their union with the new impulse, a temperament sympathetic with the better course, and thus he may be enabled to prevail. One may try to express such conditions in terms of cerebral anatomy and physiology, but it is doubtful whether, in the present state of our knowledge, a clearer conception of the process would thereby be gained.

\* See Dr. Mary Putnam Jacobi's paper, "A Suggestion in regard to Suggestive Therapeutics," in the *New York Medical Journal* for April 9, 1898.

Fortunately for the educational outlook, the evidence has begun to accumulate that a morbid inheritance is not the inevitably crushing and baneful thing that it has been thought. We come into the world, each one a being of limited capacity but in other respects free to become what circumstances make us, and responsible, to the extent of our capacity, for our lot. We bring no ticket-of-leave which stamps us as drunkards or maniacs on probation, but we do bear, in the histories of our ancestors, a certificate that hints by what efforts and by what avoidances we can make ourselves reasonable successes in our respective lines. There is no original sin, and not even, as it seems to me, original propensity, but only original capacity and original limitation, and even limitation is only another name for latent capacity.

A highly interesting side-light is thrown on the discussion between these two doctrines—the fatalistic doctrine of propensity and predestination, and the more hopeful doctrine of plasticity limited only through capacity—by the evidence adduced in a somewhat similar discussion which has been going on among the embryologists. What is it that gives our bodies their definite and ever recurrent form? Do the nerves as they pass from their centres of growth to their destination in the skin and in the muscles bend and twine to find their passage in obedience to some inherent tendency of growth, or does each cell-process start out not only ignorant of its future but without a positively defined future, and make its way in obedience to mechanical laws of least resistance and simple laws of growth just as a rootlet makes its way amongst the stones, in its seemingly inspired search for the distant water? If I understand aright the teaching of the present day, the latter is the case. This teaching does not aim to rob heredity of its powers, but, in so far as it is applicable to the problems of mental growth, it does glorify the influence of education in making us what we

are. The child of the drunkard does not inherit drunkenness, but he does inherit a defective brain; one liable to go wrong perhaps in many ways but reclaimable to a considerable extent through education; just as the child of the tuberculous parent does not inherit tuberculosis but the soil on which it may develop. The difference between these two doctrines is more than an academic quibble. It is one of vital tendency.

The cases that I have thus far had in mind have been of relatively curable sorts, either because the patients had traditions of good health to look back upon, or because it was assumed to be possible to cast out some special fixed idea, or habit, or delusion of illness, which had arisen in consequence of some more or less accidental experience but still lay loosely attached in the mind, or, at any rate, had not become, through the bonds of association, an integral part of the great body of ideas and feelings on which the patient's mental life revolved. But these disorders arise more readily, strike their roots wider and deeper, and keep a more tenacious hold if there is a native defect in the mechanism of the nervous system such as we see in that great class of cases which for convenience's sake may be grouped as *constitutional neurasthenias*. With such patients the problem of treatment is often not so much to rid them wholly of the consciousness of their symptoms as to aid them to look through and beyond their troubles, and eventually in some degree to ignore them, as one learns to ignore a defect in vision. If patients with this sort of illness are often plagues to themselves they are no less a source of sighs and groans to their doctors and their friends. Yet they are among the best and keenest people in every community, and it may even be said that it is their doctors and friends who are in a measure responsible for keeping them what they are—at least in the sense that salt was defined by the small boy as that which made potatoes taste so bad when there wasn't

any on. In other words, they would be better off if we knew better how to appreciate and to treat them. Liable to fatigue, and unable to accomplish as much as their robuster neighbors, such patients become keenly alive to their failures, and are apt to fall into mental habits marked by baffled reason, morbid self consciousness, and balking will. Beginning by suspecting and hesitating, they often end by ceasing to act. The limitations set by the original "weakness" are of trifling consequence as compared with these secondary and needless incrustations, framed from false premises by the patients' inexorable logic. But the balking will like the balking horse can often be trained to work again; the obstacles that seemed so invincible when tangled into a web made up of the memory of past failures and fears can often be overcome if taken piece by piece.

Fortunately, it is by no means every neurasthenic patient whose case takes the unfavorable course that I have indicated. There are many persons, weak in body but unconquerable in spirit, who keep themselves free from this entangling web of troubles. They make unnecessary the therapeutic suggestions of the physician by accepting their limitations as indications for casting about to decide on their best course for the future and best means of usefulness for the present, and striving to regard the tasks imposed by illness in the same light as the tasks imposed by health. Such persons give new meaning to the fine words that Tennyson puts into the mouth of the aged Ulysses:

"Tho' much is taken, much abides; and tho'  
We are not now that strength which in old days  
Moved earth and heaven; that which we are, we are;  
One equal temper of heroic hearts,  
Made weak by time and fate, but strong in will  
To strive, to seek, to find, and not to yield."

The problem for the physician in dealing with patients to whom such a course as this does not come instinctively is



to use all the means that may lead to its adoption. If there is any slender thread of interest or enthusiasm or even of fanaticism in their composition it should be recognized and encouraged. And, happily, the slender thread is often enough. It has not the all embracing power of the large and warm temperament of hopefulness, but what is lacking in massiveness may in a measure be made up for by intensity. The almost fierce glow of energy and fortitude seen in some of the frail-bodied New England women portrayed by Miss Wilkins gives a good illustration of this principle.

Neurasthenic patients cannot, as a rule, be expected to overcome their troubles alone. We say to them, "make an effort of the will and do this or that," but the will cannot create situations but only choose between them, and although it is true that a better choice usually exists than that which the patient makes, yet to see this and to choose correctly is a task of no little difficulty. Such a patient is compelled at each step to compare the act which he wishes to accomplish with that which he wishes to avoid, and so the latter is presented afresh with all its imperative fascination, as a card is forced on a novice by a skilful player.

It is the physician's part to present a new alternative for the reason to adopt and the will to act upon. When such patients clearly understand that with patience and the cultivation of a dogged indifference to symptoms which are unimportant though annoying, they can learn to note and to accentuate their powers of accomplishment and enjoyment, the ground is already cleared for the action of food and tonics, recreation and active work.

An element of special encouragement and mental stimulation in particular directions may be made to accompany treatments designed ostensibly to fulfil other needs. The famous so-called "rest cure," which the genius of Weir Mitchell devised, owes the remarkable success which it

exhibits in able hands less to rest and food in themselves than to the mental influences that go with the isolation, the scrupulous precautions that leave no excuse for indigestion or fatigue, the obvious confidence of the doctor and the nurse, and the contagion of recovery such as permeates every successful hospital. All these changes in the patient's surroundings are often, from the point of view of mental influence, more effective than a journey to Europe, though even as regards the latter the familiar lines :

"Coelum non animam mutant,  
Qui trans mare currunt."  
(They change their skies but not themselves,  
That cross the seas)

are, luckily, not always true.

Many a doctor has tried the rest treatment and has failed, because he did not follow exactly Dr. Mitchell's rules, not realizing that in omitting certain "surely unessential" details he was leaving out the very heart of the mystery. On the other hand, I fully agree with Dr. Prince\* that results similar to those accomplished through the agency of the "rest cure" may often be obtained through pure mental stimulation and education.

Take next the question of physical exercise, which may stand as a type of a whole class of treatments. You recommend it for your neurasthenic patient, but to what end? Do you wish to toughen his muscles, to help his digestion, to strengthen his heart? Or is it in fact recommended for the sake of introducing the leaven of energy, in the hope that it may finally infect his whole mental life? If such is your desire, five minutes of sharp exhilarating work or play will do what hours of chest-weights would fail to accomplish. Perhaps you may even start a love for the study of physical development and thus give a new impulse to an invalid life. It may be as when a boy, dull at his

\* Educational Treatment of Neurasthenia. *Bost. Med. & Surg. Jr.*, 1898.

books and drifting into general incompetency, has the good fortune to meet some one who discovers that he is a genius at whittling, and who by encouraging him in this accomplishment gives him a chance which will in the end transform him not only into a good mechanic but into a man of first-rate, all-round capacity. And so, too,\* relaxation of body may be employed to teach relaxation of mind. On the same principle, a soothing treatment by water or electricity may help to give the genius of sleep a better chance to control the currents of the mind.

It is worth while to note what a needless weight of sombre forebodings is often carried by a *word* or *name*, to the patient's anxious mind. To feel "tired" may be bad enough at the best, but it makes a world of difference whether one accustoms himself to take the term as meaning the fatigue of a person who expects in due time to be rested, or as a bottomless pit of exhaustion, demanding sighs and groans. If it is true, as Dr. James says,† that the drunkard's reform often dates from the day that he gives himself the unsavory name, it is equally true that needlessly alarming symptoms can often be unmasked on the reversed principle; as a legal friend of the writer once, in court, robbed an "excoriated tibia" of its terrors by rendering it as "barked shin".

Happy is the neurasthenic patient who has a sense of humor or a liking for philosophy, so that he can get a certain satisfaction from externalizing his troubles, as William Blake painted his visions and Bunyan put his into the Valley of the Shadow of Death. To learn to recall the good days or the bad days; to remember that the University of Leyden was founded during the starvation of the great siege; and to realize that limitations are also finger-posts to new sorts of progress, infuses a sense of triumph into one's efforts toward the self-forgetfulness of effective life.

\* As Miss Annie Payson Call has so well explained.

† Talks to Teachers.

Many patients think that they are not gaining, because the signs of improvement are less obvious to them than the signs of failure. The latter stand out in painful isolation ; the former lose their own identity in augmenting the general efficiency, just as the stippled spots of paint on the impressionist's landscape blend into a glow of color. Fortunately, however, the test of successful work and the sense of comfort that accompanies it usually tell the truer story, and the physician can powerfully intervene as an interpreter.

Neurasthenic patients are often led, partly by native temperament, partly through the circumstances of their illness, to seek philosophic views of life, and indeed without some familiarity with them even the buoyant satisfaction that successful work brings to the healthy mind leaves something to be desired.

The inspiring doctrine of individuality, with which the pages of Emerson are full, that heightens one's interest in the novelties which the light coming through one's own window, the touchstone of one's own genius can alone reveal ; the reassuring belief that urges us to "live ever in a new day," and forbids us to drag around the "corpse of our memories" of evil ; the great doctrine of "service," which presents only another aspect of the principle that if a man consistently follows the lead of his own best instincts he is sure to find that his interests are at one with those of an ever-widening community ; such principles as these are like so many watch-fires, blazing up from the hill-tops into the darkness of the night.

In conclusion, I would say, as I said in opening, that every physician is an educator, whether he will or no, and should study to be a good one. He works of necessity with a threefold object in view ; to cure his patient ; to leave him better able to cure himself another time ; and to establish systems of treatment that shall reflect sound and liberal views. He must of necessity come into close per-

sonal contact with his patient, and may, therefore, through the powerful influence of his own personality, make him narrow, or suspicious, or unduly dependent on rules and mysteries; or, on the other hand, more reasonable, more self-reliant, more liberal, a firmer believer in his own genius, and the supporter of simpler creeds. The opportunity for usefulness is an enormous one; for I hold that to rid a patient of a tormenting delusion, and to increase his power of resistance against debasing habits and thoughts, is quite the equivalent of a successful operation for a painful disease, and needs as much skill and preparation. It is to the opportunities and responsibilities of this task, which should not be evaded, that I have tried to call your attention.

The physician too must call the community to his aid. For many of these disorders start in the imitation of inferior social customs and in the acceptance of narrow social traditions, and we may confidently hope that they can be eliminated in part through changes in public feeling such as an intelligent doctor may help to set on foot. The community is neither intentionally ignorant or intentionally heartless. It adopts the easiest and nearest opinion and is readily open to change. We gather at our annual meeting to gain strength from the contact with each other, as Antæus from his Mother Earth; let us separate again, each to be a centre for the spread of knowledge not only of those forces whose effects are to be measured by the microscope and the chemist's tests, but of those also which no chemist can estimate, but which may, nevertheless, work upheavals in social sentiment, as the water which trickles into the crevices of the rock may, one day, freeze and burst it asunder.\*

\* I am aware that an account of "mental therapeutics" could make no claim to completeness, even in outline, if it did not discuss the limits of action of this agency. Nevertheless, this part of the subject is too large to handle briefly, and too important to dismiss summarily. I therefore leave it for another occasion, and content myself with a reference to the treatment of those affections which the general practitioner must treat on the lines here indicated, if he wishes for success.





